

Maternal, Child, and Adolescent Health (MCAH) Local Health Jurisdictions (LHJ) Needs Assessment

Timeline and Deliverables:

E-mail deliverables by the due date listed below to CATitleV@cdph.ca.gov. *Instructions are included in each form.*

Due Date	Deliverables
October 16, 2013	MCAH Strategic Question Surveys (separate survey sent September 16, 2013)
June 16, 2014 (in this package)	Deliverable Form A - Stakeholders/Community Partners Deliverable Form B - Problem Statements, Strategies, and Partners Deliverable Form C - Capacity Needs Deliverable Form D - Summary (data available Fall 2013)
May 15, 2015	Deliverable Form E - 5-Year Action Plans (available Fall 2013)

Resources:

Below are resources that LHJs can use to complete their deliverables.

#	Resource	Description
1	Community Health Status Report (available February 2014)	A list of health indicators to assist in describing and identifying your local health jurisdiction's health status
2	FHOP Indicator Data Books (available February 2014)	Resource providing additional community health status data
3	Priority Problems List	Short list of MCAH SOW Goals and Problem Categories to provide guidance on State MCAH priorities for use in developing local problem statements.
4	MCAH Health Problem Prioritization Worksheet	Tool to assist in prioritizing identified problems
5	Sample Problem Analysis Diagrams (available Fall 2013)	Tools to assist in identifying potential causes of problems and possible intervention points
6	Sample 5-Year Action Plans (available February 2014)	Completed 5-Year Action Plan samples for MCAH Division priority problems in MCAH SOW Problem Categories. The 5-Year Action Plans identify sample objectives, best practice strategies/interventions and performance measures to assist LHJs in developing LHJ specific 5-Year Action Plans to address MCAH SOW goals.

Completing Deliverable A through D (Due June 16, 2014)

To access Deliverable Forms A through D, identify your LHJ below. Once you identify your LHJ, this document will generate Deliverable Forms A through D on the following pages.

Local Health Jurisdiction **Mendocino**

Deliverable Form A - Stakeholders/Community Partners

Purpose

Deliverable Form A provides documentation that the process for the development of the local Needs Assessment includes participation of partners within and outside the local MCAH program that represent your community's populations and health challenges. Stakeholder/Community Partner input is recommended in completing this Needs Assessment. Stakeholders/Community Partners can help you to:

- Review data, identify and prioritize problems, and identify target populations
- Review problem analyses to identify causal pathways, intervention points and possible stakeholders/community partners and strategies, and to develop your 5-Year Action Plans
- Develop community support

Instructions:

List Stakeholders/Community Partners you consulted with to complete your Needs Assessment, the individual's initials, and the sector they represent. *Keeping a membership list or meeting attendance records can assist you in completing Deliverable Form A.* Sectors include:

- Community clinic or FQHC
- Community-based organization (local non-profit)
- Faith-based organization
- First 5
- Foundations
- Health care district
- Hospital
- Individual dental care provider (dentist, hygienist)
- Individual medical provider (nurse, doctor)
- Individual mental health care provider (counselor, psychologist, psychiatrist)
- Individual or family (community member)
- Individual youth
- MCAH advisory groups
- Medical group or independent practice association
- Medi-Cal Managed Care Plan
- Professional organization/association (American Medical Association, American Dental Association)
- School, academia (parent/teacher association, school board, university)
- State or nationally affiliated non-profit organization
- State/local health department (internal partners, parks and recreation)
- Other state/local agency (e.g., social services, justice)
- Other (trade and business sector, media)

Deliverable Form A - Stakeholders/Community Partners

List Stakeholders/Community Partners you consulted with to complete your Needs Assessment, the individual's initials, and the sector they represent. Choose the sector the stakeholder represents from the drop-down menu.

Office Only

23-A

Stakeholder's/ Community Partner's Initials	Organization (Full Name; No Acronyms)	Sector Represented
J.A.	Project Sanctuary	Community-based organization
A.A.	Mendocino County Maternal, Child and Adolescent Health, Field Nursing	State/local health department
L.A.	Mendocino County Maternal, Child and Adolescent Health, Field Nursing	State/local health department
B.B.	Mendocino County Office of Education- Special education	School, academia
T.B.C.	Mendocino County Public Health	State/local health department
G.B.	Mendocino County Maternal, Child and Adolescent Health, Field Nursing	State/local health department
C.B.	North Coast Opportunities Head Start	State or nationally affiliated non-profit organization
L.C.	Mendocino County Social Services	Other state/local agency
T.D.	Ukiah Unified School District	School, academia
K. G.	Mendocino County Youth Project	Community-based organization
C.G.	Mendocino County Public Health	State/local health department
D.G.	State Council on Developmental Disabilities	Other state/local agency
J.H.	Partnership Healthplan of California	Medi-Cal Managed Care Plan
C.H.	Action Network Family Resource Center	Other state/local agency
B.I.	Mendocino County Children's Services	Other state/local agency
D.J.	Mendocino County Environmental Health	State/local health department
D.L.	Mendocino County Children's Services	Other state/local agency
H.M.	Action Network Family Resource Center	Other state/local agency

Deliverable Form A - Stakeholders/Community Partners

Stakeholder's/ Community Partner's Initials	Organization (Full Name; No Acronyms)	Sector Represented
A.M.	First 5 Mendocino	First 5
L.N.	Mendocino County Maternal, Child and Adolescent Health	State/local health department
M.O.	First 5 Mendocino	First 5
S.P.	The Arbor Youth Resource Center	Community-based organization
K.P.	Planned Parenthood	State or nationally affiliated non-profit organization
S.S.	Mendocino County Public Health	State/local health department
P.S.	WIC	State/local health department
T.S.	Mendocino County Office of Education Young Parent Program- Early education	School, academia
R.T.	Pinoleville Native American Head Start	School, academia
J. T.	Mendocino Community Health Clinic	Community clinic or FQHC
L.W.	Mendocino County Maternal, Child and Adolescent Health	State/local health department
M.W.	Mendocino County Maternal, Child and Adolescent Health, Field Nursing	State/local health department
A.L.	Redwood Quality Management Company	Other
C.G.	Redwood Children's Services	Community-based organization
B.H.	Mendocino County Maternal, Child and Adolescent Health, Field Nursing	State/local health department

Deliverable Form B: Problem Statements, Strategies, and Partners

Purpose:

The purpose of this form is:

- To identify local problems, problem statements, best practice strategies and the stakeholders/community partners who will help address these problems, and
- To inform state and local decisions regarding resource allocation if more resources become available.

Instructions:

Complete Deliverable Form B for each local problem. **Identify all local problems, including those that your local health jurisdictions (LHJs) may not have the resources or capacity to address at this time.**

All LHJs must list at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

The Goals in the MCAH SOW provide a structure that LHJs use to address local problems identified by each LHJ's 5-Year Needs Assessment. Each LHJ's Title V 5-Year Needs Assessment identifies problems that may be addressed in their 5-Year Action Plans. Each LHJ's 5-Year Action Plans will then inform the development of the annual MCAH Scope of Work (SOW).

For each local problem, complete this form, doing the following:

Step	Instructions	Form Entries	Details
1	Classify local problem	Problem Category Target Population Race/Ethnicity Other Subpopulation	Target Population - The primary population experiencing the problem, whose health you are affecting with the intervention Other Population - If you wish to further narrow and define your population group, complete the "Other Subpopulation" fields.
2	Describe a local problem	Problem Statement	The problem statement should clearly describe the health problem, which is defined as the difference between the desired and the actual health status of the population as measured by health status indicators. The problem statement should state the local problem, the population affected, and the cause. <i>Example: "X (population) is (having y problem) due to z (cause)".</i>
3	Determine if the problem will be addressed by your LHJ	Addressing Problem? Reason For Not Addressing Problem	Describe if you will address the problem. If not, indicate the main reason why you are not addressing this problem. You must address one problem in each of Goals 1-3, therefore the choice not to address a problem is not available until the second and subsequent problems in Goals 1-3.
4	Describe how to best address these problems	Best Practice Strategies	Best Practice Strategies/ Intervention Activities: The actions or interventions you implement to improve the target population's health outcome. Refer to sample Problem Analyses to identify possible intervention points. List activities you intend to use to address the problem. You may use the sample "5-Year Action Plans" (Resource 6), stakeholder/community partner input, existing programs or activities you are conducting and your expertise to identify best practice strategies/intervention activities If desired, you could also refer to the MCAH Policies and Procedures "Public Health Frameworks" section or FHOP Intervention Planning Resources and Tools for sources of additional evidence-based or knowledge-based strategies.
5	Describe who can address the problems	Stakeholders or Community Partners	List stakeholder or community partner organization(s) that will help to address the problem.

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-1-1

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 1

MCAH SOW Goal

MCAH SOW Goal 1: Improve Outreach and Access to Quality Health and Human Services

(Required)

Step 1: Classify this local problem

Problem Category

Access to health care

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☒ Infants ☒ Children ☒ Adolescents ☒ Adult Women ☒ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: undocumented immigrants Other 2 - specify: residents of isolated pockets of county

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

The MCAH population, especially those who are undocumented immigrants or who live in isolated pockets of Mendocino County delay professional healthcare until they are in distress due to a lack of healthcare insurance or transportation

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☒ Yes

Step 4: Describe how to best address this problem

List best practice strategies or intervention activities you could use to address the problem.

- * Bilingual Certified Application Assistants, knowledgeable about options, who are available for home visits
- * Provide medical and dental vouchers for uninsurable undocumented children
- * Application and Navigation Assistance through Covered Mendocino
- * Provide screening, referral, and M/C application assistance to high-risk populations at home
- * Educate providers about public health programs

Step 5: Describe who will help address this problem

List stakeholder or community partner organization(s) who will help to address the problem:

Partnership Health Plan
Area Board 1, State Council on Developmental Disabilities
Headstart
Redwood Children's Services
County of Mendocino HHSA Department of Social Services
(and also consider: Consolidated Tribal Health Project, school nurses, Planned Parenthood, MCAH Field Nursing)

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

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23-B-2-2

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 2

MCAH SOW Goal

MCAH SOW Goal 2: Improve Maternal and Women's Health

(Required)

Step 1: Classify this local problem

Problem Category

Partner/ family violence

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☐ Children ☒ Adolescents ☒ Adult Women ☒ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Women are experiencing physical and psychological/emotional partner violence due to a lack of knowledge of healthy relationships and available resources, substance abuse and isolation. Recent cuts to funding violence prevention education in classrooms.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☒ Yes

Step 4: Describe how to best address this problem

List best practice strategies or intervention activities you could use to address the problem.

- * Promotion of resource awareness in strategic places, such as women's rest rooms.
- * Educate parents and children about healthy relationships
- * Promote provider screening and referral for domestic violence
- * MCAH Field Nursing Program to continue referring parents to Triple P classes
- * Promote mothers of young children groups to reduce social isolation
- * Educate general public about the difference between respectful and abusive relationships

Step 5: Describe who will help address this problem

List stakeholder or community partner organization(s) who will help to address the problem:

First 5 Mendocino
Pinoleville Native American Headstart
MCAH Field Nursing Program
Project Sanctuary
MCAH Field Nursing Program
North Coast Opportunities Headstart
Young Parent Program
Partnership Health Plan

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

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23-B-3-3

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 3

MCAH SOW Goal

MCAH SOW Goal 3: Improve Infant Health

(Required)

Step 1: Classify this local problem

Problem Category - *prematurity/low birth weight and perinatal substance use will be available to select in subsequent Goal 3 problems*

SIDS/SUID

Target Population(s) - *the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more*

☒ Infants ☐ Children ☐ Adolescents ☐ Adult Women ☒ Pregnant Women ☐ Other

Race/Ethnicity(ies) - *choose one or more*

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - *example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents*

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - *use the format: "X (population) is (having y problem) due to z (cause)"*

Infants are at an increased risk of SIDS due to a lack of knowledge about SIDS risk factors and safe infant sleep.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☒ Yes

Step 4: Describe how to best address this problem

List best practice strategies or intervention activities you could use to address the problem.

SIDS risk-reduction educational outreach to mothers who are pregnant or have an infant under one year of age by MCAH Field Nursing Program.

SIDS risk-reduction educational outreach to caregivers of infants under one year of age at health fairs.

Step 5: Describe who will help address this problem

List stakeholder or community partner organization(s) who will help to address the problem:

WIC
First 5 of Mendocino
CPSP providers

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

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23-B-4-4

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 4

MCAH SOW Goal

MCAH SOW Goal 4: Improve Nutrition and Physical Health

Step 1: Classify this local problem

Problem Category

Overweight/ obesity – children, adolescents, or women

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☒ Children ☒ Adolescents ☒ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Children, adolescents and women, especially Native Americans are overweight or obese due to multiple causes.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☒ Yes ☐ No

Step 4: Describe how to best address this problem

List best practice strategies or intervention activities you could use to address the problem.

- * Promote duration of breast feeding by facilitating breast feeding-friendly workplaces.
- * MCAH Field Nursing Program to continue to refer clients to WIC
- * Promote nutrition education/programs to medical providers
- * Specifically identify best limited role for MCAH in our community that already has some very active obesity prevention collaborations.
- * Target 2-week post-partum mothers to offer extra breast feeding support

Step 5: Describe who will help address this problem

List stakeholder or community partner organization(s) who will help to address the problem:

Mendocino Community Health Clinic
Ukiah Unified School District
WIC
First 5 Mendocino
Mendocino County HHSA Environmental Health
Mendocino County HHSA Public Health
also consider: Consolidated Tribal Health, Round Valley Health Clinic, and Hopland Band of Pomo Indians Health Department

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-6-5

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 5

MCAH SOW Goal

MCAH SOW Goal 6: Improve Adolescent Health

Step 1: Classify this local problem

Problem Category

Other

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☐ Children ☒ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Adolescents have a high rate of alcohol, tobacco and other drug use due to easy availability and favorable social acceptability.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- ☐ Insufficient capacity
- ☐ Other MCAH-funded programs addressing this problem
- ☒ Other community groups are addressing the problem
- ☐ Other

Identify other community groups that can address this problem:

Prevention and Planning Unit of County of Mendocino HHSA, Public Health

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-5-6

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 6

MCAH SOW Goal

MCAH SOW Goal 5: Improve Child Health

Step 1: Classify this local problem

Problem Category

Child abuse

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☒ Infants ☒ Children ☒ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Infants, children and adolescents, especially Native Americans are experiencing a high rate of child abuse, particularly in the form of neglect due to multiple causes.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

☐ Insufficient capacity

☒ Other MCAH-funded programs addressing this problem

☐ Other community groups are addressing the problem

☐ Other

Identify other MCAH-funded programs that can address this problem:

☐ Adolescent Family Life Program (AFLP)

☐ Black Infant Health (BIH)

☐ California Home Visiting Program (CHVP)

☐ Regional Perinatal Programs of California (RPPC)

☒ Other Health Department Program:

The MCAH Field Nursing Program connects high-risk young families to resources in an attempt to reduce child abuse and neglect. The Children's Action Committee (subcommittee of the Policy Council of Children and Youth) addresses this problem. The MCAH Director participates in this group.

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

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23-B-6-7

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 7

MCAH SOW Goal

MCAH SOW Goal 6: Improve Adolescent Health

Step 1: Classify this local problem

Problem Category

Adolescent pregnancy

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☒ Infants ☐ Children ☒ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Adolescents continue to have a significant, though declining rate of pregnancy due to multiple causes.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

☐ Insufficient capacity

☒ Other MCAH-funded programs addressing this problem

☐ Other community groups are addressing the problem

☐ Other

Identify other MCAH-funded programs that can address this problem:

☐ Adolescent Family Life Program (AFLP)

☐ Black Infant Health (BIH)

☐ California Home Visiting Program (CHVP)

☐ Regional Perinatal Programs of California (RPPC)

☒ Other Health Department Program:

MCAH-funded senior program specialist is designing an adolescent reproductive health education mini-course to offer middle and high school children as an alternative to Planned Parenthood's adolescent reproductive health education mini-course because some schools do not embrace Planned Parenthood.

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-3-8

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 8

MCAH SOW Goal

MCAH SOW Goal 3: Improve Infant Health

Step 1: Classify this local problem

Problem Category

Perinatal substance use

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☒ Infants ☐ Children ☐ Adolescents ☐ Adult Women ☒ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

A high rate of pregnant women continue to use alcohol and marijuana after they know they are pregnant.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☒ Yes ☐ No

Step 4: Describe how to best address this problem

List best practice strategies or intervention activities you could use to address the problem.

- * Promote provider prenatal substance use screening
- * Public awareness campaign about FASD and that no amount of alcohol is safe to use during pregnancy
- * Promote non-alcoholic beverages such as free mocktails for pregnant women at restaurants and local events
- * Educate providers about local women's treatment program

Step 5: Describe who will help address this problem

List stakeholder or community partner organization(s) who will help to address the problem:

WIC
First 5 of Mendocino
Area 1 Board of State Council on Developmental Disabilities
County of Mendocino HHSA Social Services
Mendocino College Foster and Kinship Care Education Program
Individual community partners
Prenatal care providers
County of Mendocino HHSA Women in Need of Drug-Free Opportunities (WINDO) program

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-6-9

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 9

MCAH SOW Goal

MCAH SOW Goal 6: Improve Adolescent Health

Step 1: Classify this local problem

Problem Category

Adolescent sexual health

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☐ Children ☒ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: Other 2 - specify:

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Adolescents have a high rate of chlamydia due to multiple causes.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- ☐ Insufficient capacity
- ☐ Other MCAH-funded programs addressing this problem
- ☒ Other community groups are addressing the problem
- ☐ Other

Identify other community groups that can address this problem:

Planned Parenthood
Care for Her
Mendocino Coast Health Clinics
MCAH-funded senior program specialist is developing an adolescent reproductive health education mini-course to offer middle and high school children for those classrooms not using Planned Parenthood's adolescent reproductive health education program.

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-2-10

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 10

MCAH SOW Goal

MCAH SOW Goal 2: Improve Maternal and Women's Health

Step 1: Classify this local problem

Problem Category

Late initiation/ inadequate prenatal care

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☐ Children ☐ Adolescents ☐ Adult Women ☒ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Pregnant women have a high rate of late initiation in to prenatal care due to unknown causes.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- ☒ Insufficient capacity
- ☐ Other MCAH-funded programs addressing this problem
- ☐ Other community groups are addressing the problem
- ☐ Other

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-6-11

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 11

MCAH SOW Goal

MCAH SOW Goal 6: Improve Adolescent Health

Step 1: Classify this local problem

Problem Category

Adolescent violence

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☐ Children ☒ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Adolescent females between the ages of 15-24 have a significant rate of emergency room visits for assault injuries due to unknown causes

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- ☒ Insufficient capacity
- ☐ Other MCAH-funded programs addressing this problem
- ☐ Other community groups are addressing the problem
- ☐ Other

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-5-12

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 12

MCAH SOW Goal

MCAH SOW Goal 5: Improve Child Health

Step 1: Classify this local problem

Problem Category

Oral health

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☒ Children ☐ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Children are at risk for dental caries due to lack of routine dental care.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- ☒ Insufficient capacity
- ☐ Other MCAH-funded programs addressing this problem
- ☐ Other community groups are addressing the problem
- ☐ Other

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-6-13

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 13

MCAH SOW Goal

MCAH SOW Goal 6: Improve Adolescent Health

Step 1: Classify this local problem

Problem Category

Adolescent mental health

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☐ Children ☒ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Adolescents ages 15-24 have a significant rate of mental health hospitalizations due to unknown causes.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- ☒ Insufficient capacity
- ☐ Other MCAH-funded programs addressing this problem
- ☐ Other community groups are addressing the problem
- ☐ Other

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-4-14

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 14

MCAH SOW Goal

MCAH SOW Goal 4: Improve Nutrition and Physical Health

Step 1: Classify this local problem

Problem Category

Exclusive breastfeeding initiation and duration

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☒ Infants ☐ Children ☐ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

By 2 months of age, most infants who were being breastfed while in the hospital, are no longer being exclusively breastfed, due to infant growth spurt at 2 weeks and mothers returning to work at 4-6 weeks postpartum.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

☐ Insufficient capacity

☒ Other MCAH-funded programs addressing this problem

☐ Other community groups are addressing the problem

☐ Other

Identify other MCAH-funded programs that can address this problem:

☐ Adolescent Family Life Program (AFLP)

☐ Black Infant Health (BIH)

☐ California Home Visiting Program (CHVP)

☐ Regional Perinatal Programs of California (RPPC)

☒ Other Health Department Program:

MCAH will be addressing this problem as part of the overweight/obesity problem. MCAH Director will be addressing this problem through the Ukiah Breastfeeding Coalition, along with WIC, First 5 and Partnership Healthplan of California. Please see problem #4 for possible interventions.

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-3-15

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 15

MCAH SOW Goal

MCAH SOW Goal 3: Improve Infant Health

Step 1: Classify this local problem

Problem Category

Prematurity/ low birth weight

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☒ Infants ☐ Children ☐ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

A low percentage of infants are born prematurely or with a low birth weight for unknown causes.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- ☐ Insufficient capacity
- ☐ Other MCAH-funded programs addressing this problem
- ☐ Other community groups are addressing the problem
- ☒ Other

Describe other reason why you are not addressing this problem:

Mendocino County has a very low rate of prematurity/low birth weight, though it does still happen. MCAH is addressing perinatal substance abuse and access to care, which are both commonly related to prematurity and low birth weight.

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-2-16

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 16

MCAH SOW Goal

MCAH SOW Goal 2: Improve Maternal and Women's Health

Step 1: Classify this local problem

Problem Category

Perinatal mood/ anxiety disorders

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☐ Children ☐ Adolescents ☒ Adult Women ☒ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____

Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Women with perinatal mood and anxiety disorders are not being identified and treated due to a lack of routine screening, a lack of public awareness, and a lack of accessible Medi-Cal mental healthcare providers.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

☐ Insufficient capacity

☒ Other MCAH-funded programs addressing this problem

☐ Other community groups are addressing the problem

☐ Other

Identify other MCAH-funded programs that can address this problem:

☐ Adolescent Family Life Program (AFLP)

☐ Black Infant Health (BIH)

☐ California Home Visiting Program (CHVP)

☐ Regional Perinatal Programs of California (RPPC)

☒ Other Health Department Program:

MCAH Field Nursing, Perinatal Services Coordinator and WIC will be addressing this problem by developing and promoting routine screening for Perinatal Mood and Anxiety Disorders, increasing community awareness and advocating for pregnant and childbearing women to have improved access to Medi-Cal mental healthcare providers.

Deliverable Form B: Problem Statements, Strategies, and Partners

Complete Deliverable Form B for *each* local problem. **Identify all local problems, including those that your local health jurisdiction (LHJ) may not have the resources or capacity to address at this time.** Identify your local problems, best practice strategies, and the stakeholders/community partners who will help address these problems.

Office Only

23-B-5-17

All LHJs must list and address at least one problem in each of the MCAH SOW Goals 1, 2, and 3. If resources allow, LHJs may also identify additional problems that they may place under any of the MCAH SOW Goals 1 through 6.

Problem # 17

Add Problem

Remove Problem

MCAH SOW Goal

MCAH SOW Goal 5: Improve Child Health

Step 1: Classify this local problem

Problem Category

Childhood injury

Target Population(s) - the primary population experiencing the problem, whose health you are affecting with the intervention; choose one or more

☐ Infants ☒ Children ☒ Adolescents ☐ Adult Women ☐ Pregnant Women ☐ Other

Race/Ethnicity(ies) - choose one or more

☒ Asian/Pacific Islanders ☒ Blacks ☒ Latinos ☒ Native Americans ☒ Whites

Other Subpopulation - example: geographic area, socioeconomic status, Medi-Cal eligible, uninsured, undocumented residents

Other 1 - specify: _____ Other 2 - specify: _____

Step 2: Describe a local problem (see Step 1 to assist with conceptualizing the problem statement)

Problem Statement - use the format: "X (population) is (having y problem) due to z (cause)"

Children ages 1-14 have a significant rate of injury due to multiple causes.

Step 3: Determine if problem can be addressed by your county

Are You Addressing This Problem? ☐ Yes ☒ No

If you are not addressing this problem, what is the main reason? (choose 1 option)

- ☒ Insufficient capacity
- ☐ Other MCAH-funded programs addressing this problem
- ☐ Other community groups are addressing the problem
- ☐ Other

Deliverable Form C: Capacity Needs

Office Only

23-C

Purpose:

Capacity needs are resources you require to better address the problems of your community. Capacity needs could include items such as staff training, information on best practices, additional staff, or improved data. The information on this form will help the MCAH Division identify how we can best support your efforts.

Instructions:

In the table below, please list capacity needs in the first column and how the MCAH Division can assist you in developing capacity in the second column. When describing the capacity need, if appropriate, state if the need is related to a particular problem.

List Capacity Needs	How can the MCAH Division assist you in developing this capacity?
Lack of transportation to access services for some MCAH population living in poverty in isolated pockets of community.	Ideas/ support to help develop/recruit for appropriate services
Difficulty recruiting public health nurses for MCAH field nursing program	Access to or development of a home-visiting program model that utilizes more community health workers under PHN supervision
Lack of appropriate services for prenatal substance abuse on the coast	Ideas/ support to help develop/recruit for appropriate services
Lack of appropriate services for perinatal mood and anxiety disorders on the coast	Ideas/ support to help develop/recruit for appropriate services
Lack of funding for violence prevention education in classrooms	Information/resources for violence prevention education funding in classrooms

Deliverable Form D: Summary

Purpose:

This Summary, also known as your Community Profile that is submitted annually with the Agreement Funding Application, provides a snapshot of the health status of your local community. You may use this Summary to share information with stakeholders/community partners and to educate your population. The Summary should provide key data, a description of the community, including major employers, health system, health status of the MCAH population and disparities, local problems, and strategies or programs to address these problems.

Instructions:

The Local and State data in Section 1 will be available in February 2014. Add your local data from your CHSR to this document and refer to your [Databook](#) for the State Infant Deaths per 1000 live births, and add this to the Demographic section. Complete Sections 2-4 using the instructions in each Section. Section 5 will automatically generate from your results in Deliverable Form B. Please limit the Summary to approximately two pages.

Office Only

23-D

Section 1 - Demographics

	Local	State
Our Community		
Total Population ¹	85,686	37,570,307
Total Population, African American	560	2,195,986
Total Population, American Indian/ Alaskan Natives	3,338	163,262
Total Population, Asian/Pacific Islander	1,560	4,994,232
Total Population, Hispanic	20,010	14,277,952
Total Population, White	60,168	14,995,619
Total Live Births	1065	501,994
Our Mothers and Babies		
% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	67.9	83.3
% of births covered by Medi-Cal ²	67.9	47.3
% of women ages 18-64 without health insurance ³	23.9	22.1
% of women giving birth to a second child within 24 months of a previous pregnancy ²	25.9	28.7

	Local	State
Our Mothers and Babies (continued)		
Infant Deaths per 1,000 live births occurring at less than 1 year of age ^{2,4}	6.8	4.8
% live births less than 37 weeks gestation ²	8.5	10.1
% of women 15-44 years of age who are overweight or obese ⁵	48.9	43.1
% of female population 18-64 living in poverty (0-200% FPL) ³	43.0	33.8
% of single mother families living in poverty ⁶	38.3	39.4
Unemployment Rate ⁷	10.7	12.3
Our Children and Teens		
Teen Birth Rate per 1,000 births (ages 15-19) ²	38.0	31.6
Reported cases of chlamydia per 100,000 female population age 15-24 ⁸	3,655.9	2,905.40
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	57.8	45.5
% of children receiving free or reduced price meals at school ⁹	63.6	57.5
Children in Foster Care per 1,000 children ¹⁰	12.7	6.8
% High School dropout rate (grades 9-12) ¹¹	12.8	14.7

Data sources: ¹CA Dept. of Finance population estimates 2010, ²CA Birth Statistical Master Files 2009-2011, ³US Census Bureau - Small Area Health Insurance Estimates 2009-2011, ⁴CA Death Statistical Master Files, 2009-2011, ⁵CA Health Interview Survey, 2009, ⁶2012 American Community Survey 1-Year Estimates, ⁷CA Employment Development Dept. 2009-2011, ⁸CA Dept of Public Health, STD Control Branch 2012, ⁹CA Dept. of Education, Free/Reduced Price Meals Program & CalWORKS Data Files 2009-2011, ¹⁰Data from CA Child Welfare Indicators Project, UC Berkeley 2009-2011, ¹¹CA Dept. of Education, CA Basic Educational Data System (CBEDS) 2011.

Section 2 - About Our Community - Health Starts Where We Live, Learn, Work, and Play

Describe the following using brief narratives and bullets: 1) *Geography*, 2) *Major industries and employers (public/private)*, 3) *Walkability, open space*

*Geographically, Mendocino County comprises 3,510 square miles of land area.

*The Coastal Mountain Range forms a significant geographic barrier dividing the coastal and interior regions of the county.

*Almost two-thirds of Mendocino County's population lives in the central interior region, and one third of the population is situated west of the mountains, along 129 miles of rugged Pacific coastline.

*As of March 2014, 60% of our workforce is in service providing (like healthcare, education, transportation, retail and tourism) with 73% of that being private. Government employs about 16% of total workforce, and 7.8 % of workforce is unemployed. 11% of our workforce is employed by farming or goods production including: wine grape and pear production, cattle and dairy farming, wineries, timber and fishing. This does not include our large marijuana production industry.

*Our population density is 25 people per square mile. We have scored only 8/100 for walkability on www.walkscore.com.

Deliverable Form D: Summary

Section 3 - Health System - Access to health and human services for the MCAH population

Describe the following using brief narratives and bullets: Available resources that comprise the health system for your MCAH population. Include the numbers of: hospitals where women give birth, Comprehensive Perinatal Services Program (CPSP) providers, and Denti-Cal providers for children. Discuss local challenges, key disparities and barriers to accessing medical, mental, dental, and social services. List Medi-Cal Managed Care plan that provide services to women and children, located at www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx.

- *Mendocino County has 3 hospitals; 2 of those being birthing hospitals.
- *Women can receive prenatal care at any of 10 prenatal providers in the county. Currently, 4 of those prenatal providers are also CPSP providers.
- *There are 8 clinics in the county that provide Denti-Cal services for women and children.
- *Challenges include 57.8% of children living in poverty, transportation to any type of health or human services can be difficult for poor families without transportation living in remote parts of the county. While we do have a bus system, there are rural pockets where the service does not reach. (Covelo and Laytonville). Additionally, in some of the routes where the bus is accessible, it only makes 1 round trip every 24 hours.
- *The Medi-Cal Managed Care Plan that provides services to women and children is Partnership Healthplan of California.

Section 4 - Health Status and Disparities for the MCAH Population

Describe the following using brief narratives and bullets: Key health disparities and how health behaviors, the physical environment and social determinants of health (social/economic factors) contribute to these disparities for specific populations. Highlight areas where progress has been made in improving health outcomes.

- *Marijuana industry, commonly stated to dwarf the wine industry. Large marijuana culture and belief that use is okay.
- *Large wine industry and alcoholic beverage outlets make alcohol easily accessible.
- *Tobacco use among pregnant women is more than 3 times the state rate.
- *Large undocumented Mexican immigrant population with poor access to healthcare.
- *Coastal communities have inadequate access to Medi-Cal substance-abuse treatment and mental health providers for MCAH population.
- *Historical trauma of Native Americans leading to multiple health disparities.
- *57.8% of children ages 0-18 live below 200% of Federal Poverty Level. The average per-capita income of Mendocino's Native Americans is \$12,150 per year, barely half of the county average of \$23,179.
- *Teen pregnancy rate for ages 15-17 have decreased from 24.5 to 16.2 per 1,000.
- *Prematurity and low birth weight rates are better in Mendocino County than state average and HP 2020 goals.

Section 5 - Local Problems

Below is a summary of the local problems and strategies identified by your LHJ in its needs assessment. Results are automatically populated from the problem statement and best practice strategies identified in Deliverable Form B.

#	Problem	Strategy	Office Only
1	The MCAH population, especially those who are undocumented immigrants or who live in isolated pockets of Mendocino County delay professional healthcare until they are in distress due to a lack of healthcare insurance or transportation	<ul style="list-style-type: none">* Bilingual Certified Application Assistants, knowledgeable about options, who are available for home visits* Provide medical and dental vouchers for uninsurable undocumented children* Application and Navigation Assistance through Covered Mendocino* Provide screening, referral, and M/C application assistance to high-risk populations at home* Educate providers about public health programs	23-B-1-1
2	Women are experiencing physical and psychological/emotional partner violence due to a lack of knowledge	<ul style="list-style-type: none">* Promotion of resource awareness in strategic places, such as women's rest rooms.	23-B-2-2

Deliverable Form D: Summary

#	Problem	Strategy	Office Only
	of healthy relationships and available resources, substance abuse and isolation. Recent cuts to funding violence prevention education in classrooms.	<ul style="list-style-type: none"> * Educate parents and children about healthy relationships * Promote provider screening and referral for domestic violence * MCAH Field Nursing Program to continue referring parents to Triple P classes * Promote mothers of young children groups to reduce social isolation * Educate general public about the difference between respectful and abusive relationships 	
3	Infants are at an increased risk of SIDS due to a lack of knowledge about SIDS risk factors and safe infant sleep.	<p>SIDS risk-reduction educational outreach to mothers who are pregnant or have an infant under one year of age by MCAH Field Nursing Program.</p> <p>SIDS risk-reduction educational outreach to caregivers of infants under one year of age at health fairs.</p>	23-B-3-3
4	Children, adolescents and women, especially Native Americans are overweight or obese due to multiple causes.	<ul style="list-style-type: none"> * Promote duration of breast feeding by facilitating breast feeding-friendly workplaces. * MCAH Field Nursing Program to continue to refer clients to WIC * Promote nutrition education/programs to medical providers * Specifically identify best limited role for MCAH in our community that already has some very active obesity prevention collaborations. * Target 2-week post-partum mothers to offer extra breast feeding support 	23-B-4-4
5	Adolescents have a high rate of alcohol, tobacco and other drug use due to easy availability and favorable social acceptability.	N/A. Reason: Other community groups are addressing the problem. See form B for details.	23-B-6-5
6	Infants, children and adolescents, especially Native Americans are experiencing a high rate of child abuse, particularly in the form of neglect due to multiple causes.	N/A. Reason: Other MCAH-funded programs addressing this problem. See form B for details.	23-B-5-6
7	Adolescents continue to have a significant, though declining rate of pregnancy due to multiple causes.	N/A. Reason: Other MCAH-funded programs addressing this problem. See form B for details.	23-B-6-7
8	A high rate of pregnant women continue to use alcohol and marijuana after they know they are pregnant.	<ul style="list-style-type: none"> * Promote provider prenatal substance use screening * Public awareness campaign about FASD and that no amount of alcohol is safe to use during pregnancy * Promote non-alcoholic beverages such as free mocktails for pregnant women at restaurants and local events * Educate providers about local women's treatment program 	23-B-3-8
9	Adolescents have a high rate of chlamydia due to multiple causes.	N/A. Reason: Other community groups are addressing the problem. See form B for details.	23-B-6-9

Deliverable Form D: Summary

10	Pregnant women have a high rate of late initiation in to prenatal care due to unknown causes.	N/A. Reason: Insufficient capacity. See form B for details.	23-B-2-10
11	Adolescent females between the ages of 15-24 have a significant rate of emergency room visits for assault injuries due to unknown causes	N/A. Reason: Insufficient capacity. See form B for details.	23-B-6-11
12	Children are at risk for dental caries due to lack of routine dental care.	N/A. Reason: Insufficient capacity. See form B for details.	23-B-5-12
13	Adolescents ages 15-24 have a significant rate of mental health hospitalizations due to unknown causes.	N/A. Reason: Insufficient capacity. See form B for details.	23-B-6-13
14	By 2 months of age, most infants who were being breastfed while in the hospital, are no longer being exclusively breastfed, due to infant growth spurt at 2 weeks and mothers returning to work at 4-6 weeks postpartum.	N/A. Reason: Other MCAH-funded programs addressing this problem. See form B for details.	23-B-4-14
15	A low percentage of infants are born prematurely or with a low birth weight for unknown causes.	N/A. Reason: Other. See form B for details.	23-B-3-15
16	Women with perinatal mood and anxiety disorders are not being identified and treated due to a lack of routine screening, a lack of public awareness, and a lack of accessible Medi-Cal mental healthcare providers.	N/A - Other MCAH-funded programs addressing this problem	23-B-2-16
17	Children ages 1-14 have a significant rate of injury due to multiple causes.	N/A. Reason: Insufficient capacity. See form B for details.	23-B-5-17

Deliverable Form E: 5-Year Action Plans (Due May 15, 2015)

(For further instructions see separate document titled “Action Plan Guidelines”)

Office Only

23-E-1

MCAH SOW Goal 1: Improve Outreach and Access to Quality Health and Human Services

Problem Category(ies) - From Deliverable Form B of your Title V Needs Assessment

Problem Statement(s) - From Deliverable Form B of your Title V Needs Assessment

Five-Year Local Goal(s) - Develop one or more five year local goal(s) that state the desired results of your interventions.

Risk/Contributing Factors - List LHJ-specific contributing factors using a problem analysis

Best Practice Strategies/Intervention(s) - List best practice strategies and/or interventions to address your problems

Intervention Population(s) - List the populations you will be focusing on for the next five years

Objectives (short-term and intermediate)	Inputs (including community partner involvement)	Intervention activities (to meet objectives)	Performance Measures (short) Process Description and Measures (including data source)	Performance Measures (intermediate) Outcome Measures (including data source)
Fiscal Year 1				
Fiscal Year 2				
Fiscal Year 3				
Fiscal Year 4				
Fiscal Year 5				

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Deliverable Form E: 5-Year Action Plans (Due May 15, 2015)

(For further instructions see separate document titled “Action Plan Guidelines”)

Office Only

23-E-2

MCAH SOW Goal 2: Improve Outreach and Access to Quality Health and Human Services

Problem Category(ies) - From Deliverable Form B of your Title V Needs Assessment

Problem Statement(s) - From Deliverable Form B of your Title V Needs Assessment

Five-Year Local Goal(s) - Develop one or more five year local goal(s) that state the desired results of your interventions.

Risk/Contributing Factors - List LHJ-specific contributing factors using a problem analysis

Best Practice Strategies/Intervention(s) - List best practice strategies and/or interventions to address your problems

Intervention Population(s) - List the populations you will be focusing on for the next five years

Objectives (short-term and intermediate)	Inputs (including community partner involvement)	Intervention activities (to meet objectives)	Performance Measures (short) Process Description and Measures (including data source)	Performance Measures (intermediate) Outcome Measures (including data source)	
Fiscal Year 1					+
Fiscal Year 2					-
Fiscal Year 3					+
Fiscal Year 4					-
Fiscal Year 5					+
					-
					+
					-
					+
					-

Deliverable Form E: 5-Year Action Plans (Due May 15, 2015)

(For further instructions see separate document titled “Action Plan Guidelines”)

Office Only

23-E-3

MCAH SOW Goal 3: Improve Infant Health	
Problem Category(ies) - From Deliverable Form B of your Title V Needs Assessment	
Problem Statement(s) - From Deliverable Form B of your Title V Needs Assessment	
Five-Year Local Goal(s) - Develop one or more five year local goal(s) that state the desired results of your interventions.	
Risk/Contributing Factors - List LHI-specific contributing factors using a problem analysis	
Best Practice Strategies/Intervention(s) - List best practice strategies and/or interventions to address your problems	
Intervention Population(s) - List the populations you will be focusing on for the next five years	

Objectives (short-term and intermediate)	Inputs (including community partner involvement)	Intervention activities (to meet objectives)	Performance Measures (short) Process Description and Measures (including data source)	Performance Measures (intermediate) Outcome Measures (including data source)
Fiscal Year 1				
Fiscal Year 2				
Fiscal Year 3				
Fiscal Year 4				
Fiscal Year 5				

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